FORM D

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

BEST AVAILABLE COPYOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

13633	05
OMB APPROVAL	
OMB Number: 3235-	0076
Expires: April 30.20	108
Expires: April 30,20 Estimated average burder	γ
la according to the control of the c	

hours per response. . . . . 16.00

SEC USE ONLY						
Prefix	Serial					
DATE REC	CEIVED					
1	1					

Name of Offering ( check if this is an amendment and name has char	ged, and indicate change.)
Oil2 Longhorn Prospect, LP	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Type of Filing: New Filing Amendment	Rule 506 Section 4(6) ULOE
A. BASIC IDE	NTIFICATION DATA RECEIVED
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has change	d, and indicate change.)
Oil2 Longhorn Prospect, LP	
	Street, City, State, Zip Code) Telephone Number (including Area Code)
4308 Village Green, Irving, TX 75038	(972) 258-1633
Address of Principal Business Operations (Number and (if different from Executive Offices)	Street, City, State, Zip Code) Telephone Number (Including Area Code)
Brief Description of Business	
Oil & Gas Exploration	
Type of Business Organization  corporation business trust  Iimited partnership, already limited partnership, to be for	,
	fear
Actual or Estimated Date of Incorporation or Organization: 02 Usual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Posta CN for Canada; FN for or	
GENERAL INSTRUCTIONS	FINANCIAL
Federal: Who Must File: All issuers making an offering of securities in reliance on an 77d(6).	exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
	ale of securities in the offering. A notice is deemed filed with the U.S. Securities the SEC at the address given below or, if received at that address after the date on tified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street	et, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC photocopies of the manually signed copy or bear typed or printed signature	one of which must be manually signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested thereto, the information requested in Part C, and any material changes from not be filed with the SEC.	Amendments need only report the name of the issuer and offering, any changes the information previously supplied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
ULOE and that have adopted this form. Issuers relying on ULOE must are to be, or have been made. If a state requires the payment of a fee as	ering Exemption (ULOE) for sales of securities in those states that have adopted file a separate notice with the Securities Administrator in each state where sales a precondition to the claim for the exemption, a fee in the proper amount shall in accordance with state law. The Appendix to the notice constitutes a part of
AT	TENTION
Failure to file notice in the appropriate states will not result	in a loss of the federal exemption. Conversely, failure to file the able state exemption unless such exemption is predictated on the

2 Enter the information	aquested for the f-	11000-		1	FICATION DATA				
<ol> <li>Enter the information re</li> <li>Each promoter of the complex o</li></ol>	•		ig: las been organized w	ithin	the nact five vector				
·			-	- 11	•	of 10	9/ or more o	fa alac	s of equity securities of the
			•	ł	rate general and mar				• •
Each general and it					nate general and mar		, partiters of	paran	isiip issueis, allu
				<u> </u>					<del></del>
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	X	General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Oil2 Holdings, Inc.									
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	ode)					Heat
4308 Village Green, Ir	ving, TX 7503	8	· · · · · · · · · · · · · · · · · · ·	1					
Check Box(es) that Apply:	Promoter		Beneficial Owner	X	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		·	T					
Robert Couch, Preside	nt,								
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	dę)					
4308 Village Green, Ir	ving, TX 7503	8							
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)			Ϊ			·····		
				<u>                                     </u>					
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		······································					-	
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	f individual)			#-					
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	de)					
				<u>                                     </u>					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)			li					
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	de)		-			
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							,	
Business or Residence Addre	ss (Number and	Street	t, City, State, Zip Co	de)					······
	•								

	<u>,                                     </u>											
	·			В. 1	NFORMATI	ON ABOU	T OFFER	ING				
i. Has	the issuer	sold, or does	the issuer i	ntend to se	ell, to non-a	ccredited i	nvestors in	n this offer	ing?		Yes ·· ⊠	No
			Ans	wer also i	n Appendix,	Column 2	2, if filing	under ULC	DE.			
2. Wha	t is the mi	nimum invest	ment that v	vill be acco	epted from a	ny individ	lual?	• • • • • • • • • • • • • • • • • • • •	••••	· · · · · · · · · · · · · · · · · · ·	\$ <u>2,0</u>	03.31
3. Doe	s the offeri	ng permit joi	nt ownersh	ip of a sing	gle unit?					••••••	Yes ⊹ ⊠	No
3. Does the offering permit joint ownership of a single unit?									ny g. ite			
Full Nam	ne (Last na	ne first, if in	dividual)									
Business	or Resider	ce Address (	Number an	d Street, C	ity, State, Z	ip Code)			· · · · · · · · · · · · · · · · · · ·		<del></del>	
		Broker or D										
		Services, Inc son Listed Ha		or Intend	s to Solicit I	Purchasers						
		ntes" or check				1:			•••••		🛮 А	II State
M	<b>34</b>	[X2]	<b>EX</b>	De l	<b>[50]</b>	X	DXH.	<b>D</b> (1)		<b>D</b> a	DRI.	IX
132		<b>[</b> 36]	KS			ME		AXA	[M]		[X3]	<b>K</b>
IXT	XI	<u> </u>	NH	IXI	[58]		Dec	ND	[5 <del>8</del> ]	<b>[34]</b>		M
				U-SAT	(F3474F)							
· 	e (Last na	SD ne first, if inc			ŪT)	VT		<u> </u>				PR
Full Nam Business	e (Last nai	ne first, if inc	dividual) (Number ar		ŪT)	VT					=	PR
Full Nam Business	e (Last nai	ne first, if inc	dividual) (Number ar		ŪT)	VT					=	PR
Full Nam Business Name of	or Reside	ne first, if inc	dividual) (Number ar ealer	nd Street, (	UT) City, State, 2	Ip Code)					=	PR
Full Nam Business Name of	or Reside Associated Which Per	ne first, if ind nee Address ( Broker or D	dividual) (Number ar ealer as Solicited	or Intend	City, State, 2	VT Code)		<b>123</b>				
Full Nam Business Name of States in (Che	or Reside Associated Which Per	nce Address ( Broker or D son Listed Heates" or check	dividual) (Number ar ealer as Solicited s individua	or Intenda	City, State, 2	Zip Code)		[XZ]			[] Al	1 States
Full Nam Business Name of States in (Che	or Reside Associated Which Pereck "All St	Broker or D son Listed Heates" or check	dividual) (Number ar ealer as Solicited c individua	or Intendal States)	City, State, 2	VT  Lip Code)  Purchasers	DE	DC	[EL]	<b>⊠</b>	[ Al	l States
Full Nam Business Name of States in (Che	or Reside Associated Which Pereck "All St	Broker or Donates or Listed Heates" or check	(Number ar ealer as Solicited c individua	or Intendal States)	City, State, 2 s to Solicit I	Tip Code)  Purchasers  CT  ME	DE MD	DC MA	FL MI	GA MN	[ Al	1 States
Full Nam Business Name of States in (Che AL IL	or Reside Associated Which Pereck "All St  AK  NE	Broker or Donates of the Listed Hates" or check	(Number ar ealer as Solicited as individual KS)	or Intendal States)	CO LA NM	CT ME NY	DE MD NC	DC MA	FL MI	<b>⊠</b>	[] AI	I States ID MO
Full Nam Business Name of States in (Che AL MT RI	or Reside  Associated  Which Pereck "All St  AK  NE  SC	Broker or Donates of the Listed Heates" or check	(Number ar ealer as Solicited individual KS)  NH  TN	or Intendal States)	City, State, 2 s to Solicit I	Tip Code)  Purchasers  CT  ME	DE MD	DC MA	FL MI	GA MN OK	[ Al	I States ID MO
Full Nam Business Name of States in (Che IL MT RI	or Reside  Associated  Which Pereck "All St  AK  NE  NE  Calculate the control of	Broker or D son Listed Hates" or check	dividual) (Number ar ealer as Solicited cindividua  AR  KS  NH  TN  dividual)	or Intendal States)  CA  KY  NJ  TX	City, State, 2 s to Solicit I  CO  LA  NM  UT	CT ME NY VT	DE MD NC	DC MA	FL MI	GA MN OK	[] AI	I States ID MO
Full Nam Business Name of States in (Che IL IL RI Full Nam Business	or Reside  Associated  Which Pereck "All St    AK   IN   NE   SC   or Reside	Broker or D  son Listed Heates" or check  AZ  IA  NV  SD  ne first, if income Address (	(Number arealer as Solicited as individual NH)  TN  dividual)	or Intendal States)  CA  KY  NJ  TX	City, State, 2 s to Solicit I  CO  LA  NM  UT	CT ME NY VT	DE MD NC	DC MA	FL MI	GA MN OK	[] AI	I States ID MO
Full Nam Business Name of States in (Che IL MT RI Full Nam Business	or Reside  Associated  Which Pereck "All St  IN  NE  Cor Reside  Associated	Broker or Donce Address ( Broker or Donce Address ( AZ IA NV SD ne first, if income Address ( Broker or Donce Address (	dividual) (Number ar ealer as Solicited cindividua  AR KS NH TN dividual)	or Intendal States)  CA  KY  NJ  TX  and Street, C	City, State, 2  s to Solicit I  CO  LA  NM  UT  City, State, 2	CT ME NY VT	DE MD NC VA	DC MA	FL MI	GA MN OK	[] AI	I States ID MO PA PR
Full Nam Business Name of States in (Che IL MT RI Full Nam Business Name of	or Reside  Associated  Which Per  ck "All St  IN  NE  CSC  In (Last name)  Or Reside  Associated  Which Per	Broker or Donates of Listed Hales" or check IAZ IA INV SD Ince Address (Broker or Donate Address (Broker or Donate Ince Ince Ince Ince Ince Ince Ince Inc	dividual) (Number ar ealer as Solicited cindividual (Number ar Individual) (Number ar ealer as Solicited as Solicited	or Intend.  CA  KY  NJ  TX  or Intend.	City, State, 2  s to Solicit I  CO  LA  NM  UT  City, State, 2	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI WV	GA MN OK WI	[ Al HI MS OR WY	I States ID MO PA PR
Full Nam Business Name of States in (Che IL MT RI Full Nam Business Name of	or Reside  Associated  Which Per  ck "All St  IN  NE  CSC  In (Last name)  Or Reside  Associated  Which Per	Broker or Donce Address ( Broker or Donce Address ( AZ IA NV SD ne first, if income Address ( Broker or Donce Address (	dividual) (Number ar ealer as Solicited cindividual (Number ar Individual) (Number ar ealer as Solicited as Solicited	or Intend.  CA  KY  NJ  TX  or Intend.	City, State, 2  s to Solicit I  CO  LA  NM  UT  City, State, 2	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI WV	GA MN OK WI	[ Al HI MS OR WY	I States ID MO PA PR
Full Nam Business Name of States in (Che AL IL MT RI Full Nam Business Name of States in (Che	or Reside  Associated  Which Pereck "All St  NE  Cor Reside  Associated  Or Reside  Associated  Which Pereck "All St	Broker or D  Son Listed Heates" or check  AZ  IA  NV  SD  me first, if ince  Address (  Broker or D  son Listed Heates" or check  ates or check	(Number arealer  as Solicited condividual)  (Number arealer  (Number arealer  as Solicited condividual)	or Intend.  CA  KY  NJ  TX  or Intend.	City, State, 2  S to Solicit I  CO  LA  NM  UT  City, State, 2	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI WV	GA MN OK WI	[ Al HI MS OR WY	I States ID MO PA PR
Full Nam Business Name of States in (Che IL MT RI Full Nam Business Name of	or Reside  Associated  Which Pereck "All St  IN NE  Cor Reside  Associated  Or Reside  Associated  Which Pereck "All St  Associated  Which Pereck "All St  AK	Broker or D  Son Listed Heates" or check  AZ  IA  NV  SD  me first, if ince  Address (  Broker or D  son Listed Heates" or check  ates or check	dividual) (Number ar ealer as Solicited cindividual (Number ar Individual) (Number ar ealer as Solicited as Solicited	or Intend.  CA  KY  NJ  TX  ad Street, (	City, State, 2  s to Solicit I  CO  LA  NM  UT  City, State, 2	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	I States ID MO
Full Name of States in (Che IL MT RI) Full Name Business Name of States in (Che IL MT RI)	or Reside  Associated  Which Pereck "All St  IN  NE  Cor Reside  Associated  Or Reside  Associated  Which Pereck "All St  Associated  Which Pereck "All St  IN  AK  IN	Broker or Donates of Listed Harates" or check IAZ IA NV SD Ince Address (Broker or Donates Address (Broker or Donates IAZ IA IAZ IAZ IAZ IAZ IAZ IAZ IAZ IAZ	dividual) (Number arealer as Solicited condividual  AR TN dividual) (Number arealer as Solicited condividual	or Intendal States)  CA  KY  NJ  TX  Ad Street, C	City, State, 2  s to Solicit I  CO  LA  NM  UT  City, State, 2  s to Solicit I	CT  Cip Code)  Cip Code)  Cip Code)  Cip Code)  Cip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	I States  ID  MO  PA  PR

1.	Enter the aggregate offering price of securities included in this sold. Enter "0" if the answer is "none" or "zero." If the transithis box and indicate in the columns below the amounts of the already exchanged.	action is an exchange offering, check		
	Type of Security		Aggregate Offering Price	Amount Aiready Sold
	Debt	}	S	\$
	Equity	1 3		
		 ommon    Preferred		
	Convertible Securities (including warrants)	11 —	\$	<b>\$_</b>
	Partnership Interests	1.1		
	Other (Specify)	1.1		
	Total	1 1		
	Answer also in Appendix, Column 3, if filing	[ ]	~ <u>~~</u>	<u> </u>
2,	Enter the number of accredited and non-accredited investors of offering and the aggregate dollar amounts of their purchases. Fe the number of persons who have purchased securities and the purchases on the total lines, Enter "0" if answer is "none" or "	or offerings under Rule 504, indicate he aggregate dollar amount of their		Aggregate
			Number Investors	Dollar Amount of Purchases
	Accredited Investors	! 1		<u>\$142,400.72</u>
	Non-accredited Investors		18	\$ 24,477.91
	Total (for filings under Rule 504 only)	***************************************		<b>\$</b>
	Answer also in Appendix, Column 4, if fil	ing under ULOE.		
3,	If this filing is for an offering under Rule 504 or 505, enter the in sold by the issuer, to date, in offerings of the types indicated, if first sale of securities in this offering. Classify securities by	the twelve (12) months prior to the		
	Type of Offering		Type of Security	Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504	***************************************		\$
	Total	· · · · · · · · · · · · · · · · · · ·		\$
4	a. Furnish a statement of all expenses in connection with securities in this offering. Exclude amounts relating solely to The information may be given as subject to future contingence not known, furnish an estimate and check the box to the left of	organization expenses of the insurer.  S. If the amount of an expenditure is		
	Transfer Agent's Fees	1		\$
	Printing and Engraving Costs	 		\$
	Legal Fees			\$
	Accounting Fees	}		\$
	Engineering Fees	[   		\$
	Sales Commissions (specify finders' fees separately)	·		\$ <u>108,092.78</u>
	Other Expenses (identify) Organization & Offering E	xpenses		\$_16,629.66
	Total	***********************************		<u>\$124,722.44</u>
			_	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMB	BER OF IN	VESTORS, EXPENSES AND USE OF PR	OCEEDS	
5.	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — of proceeds to the issuer."  Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	Question 4.  ceed to the y purpose i the paymer	This difference is the "adjusted gross issuer used or proposed to be used for not known, furnish an estimate and its listed must equal the adjusted gross		\$ <u>823,168.13</u>
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		_		
	Purchase of real estate				
	Purchase, rental or leasing and installation of macl	hinery	·····	]\$	
	Construction or leasing of plant buildings and faci	lities	***************************************	\$	\$
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	le of securi ts or securi	ities involved in this ties of another		
	Repayment of indebtedness	<u> </u>		] <b>\$</b>	\$
	Working capital		*************************************	\$ <u>116,407.61</u>	\$
	Other (specify): Development of the Well				
	Column Totals			=	_
					_
	Total Payments Listed (column totals added)			☐ \$ <u>823</u>	3,168.13
		D. FED	ERAL SIGNATURE		
sigi	rissuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accretion.	nish to the l	U.S. Securities and Exchange Commiss	ion, upon written	
Issu	er (Print or Type)	Signature	D	ate	,
Oi:	2 Longhorn Prospect, LP	111	out	5/1	106
Nar	ne of Signer (Print or Type)	Title of S	gner (Print or Type)	•	
Ro	bert Couch	Managing	g Partner		
		АТ	TENTION		
	intentional misstatements or omissions	! !		(See 18 U.S.C	:. 1001.)
<u> </u>			5 of 9		

•